

10/5/315

	PATENT APPLICATION FOR								Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECO								21	33	061	454		
	CLAIMS AS FILED - PART I								ENTITY		0716			
[-	TOTAL CLAIMS (Cotumn 1) (Cotumn 2)							TYPE			RLI. SMALI	R THAN ENTITY		
1	OR		+		<u> </u>			RATE			RATE	FEE		
1		•	NUMBE	R FILED	NUM	BER EXTRA		BASIC F	EE .	Oi	BASIC FE	1956		
\parallel		EABLE CLAIMS	13/	nnus 20=	· /	1.		XS 9=		ÖF	X\$16=	158		
1	DEPENDENT			3 minus 3 =				X44=		o _F	-88×	1		
MULTIPLE DEPENDENT CLAIM PRESENT								<u> </u>	1	-10"	1	 		
. If the difference in column 1 is feet the								+145=		OF	X300=			
1	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OF	TOTAL	1140		
10	CLAIMS AS AMENDED - PART II										OTHER	THAN		
 -	7	, 				olumn 3) SMAL			OR		ENTITY			
AMENDMENT A		GLAIMS REMAINING AFTER ~		HIGHE NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONA	u.	RATE	ADDI- TIONAL		
		AMENDMENT	-	PAID					FEE			FEE		
	Total	Samo	Minus			E .		X\$ 9₃_	1	OR	XS18=			
A		1.	Minus]=		X43=	+	OR	X86=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									┧╙╖				
								+145=		OR-	+290=			
								TOTAL ODIT, FEE		OR	TOTAL ADOIT, FEE			
<u> </u>	(Column 1) (Column 2) (Column 3)									- -		·		
AMENDMENT B		REMAINING		HIGHES NUMBE PREVIOU PAID FO		PRESENT		RATE .	ADDI-		RATE	ADDI		
	•	AFTER AMENDMENT				EXTRA			TIONAL FEE			TIONAL		
20	Total		Minus				ŀ	1/0 0	FEE	-		FEE		
ZEN	Incependent		Minus	-		-	-	X\$ 9=	<u>·</u>	OR	X\$18=			
₹	FIRST PRESE	ILTIPLE DE	PENDENT C	MA C		X43=			OR	X86=				
,								+145=		OR	+290=	·		
	•							TOTAL DOT, FEE	·	OR	TATOL			
	(Column 1) (Column 2) (Column 3)									، ٠٠٠.	ADDIT. FEE			
6		CLAIMS		HIGHES	ST T	(COBINITS)	_	·	4001	3 6				
Ę		REMAINING . AFTER		PREVIOU		PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
MEN		AMENDMENT		PAID FO			L		FEE] [FEE		
	Total Independent	•	Minus	*		=		X\$ 9=		OR	X\$18=	:		
			Minus	<u></u>	l		Γ	X43=		l <u>. </u>	X86=			
_1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR				
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20."								<u>:</u>	OR	+290=			
-11	the Highest Nur	nder Previously Pai nder Previously Pai	d For" IN THIS	SPACE & M	ss than	20, enter '20."		OIT. FEE	. <u> </u>	OR A	DDIT. FEE			
. Ti	he Highest Num	ber Préviously Paid	For (Total or	andependent	is the I	nighest number t	oupo	in the app	copruite bo	ın colu	ma t.			

FORM PTO-873 (Rev 10.03)

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Palers and Tracemus Office, U.S. OFPARTMENT OF COMMERCE